

DMS Drug-Free Workplace Program Affidavit Cover Sheet

The Division of Mine Safety requests that each applicant complete and attach this cover sheet with the Mine License Applicant's Affidavit: Drug-Free Workplace Program.

Date received
For DMS use only

Applicant Information

Date	Licensee Name:			
State File Number	License Number	E-mail Address		
Mailing Address	City	State	Zip code	
Name of Drug Free Workplace Administrator				Phone

Employee Information

Number of full time employees	Number of part time employees	Number of contract employees

Contractor Information

List all companies under contract with the licensee, which are required to adhere to the licensee's Drug-Free Workplace Policies

Drug Testing Program

Specimen Collection Service			Phone
Address	City	State	Zip code
Qualified Laboratory			Phones
Address	City	State	Zip code
Medical Review Officer			Phone
Address	City	State	Zip code

Employee Assistance Program

Name of Employee Assistance Program			Phone
Address	City	State	Zip code

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<input type="checkbox"/> Approved	Date:
<input type="checkbox"/> Denied	Reviewed by: